

**PERSONNEL ROSTER INSTRUCTIONS**  
**Center-based Programs - Complete as instructed**  
**Family Child Care Home Networks, Resource & Referral and Alternative Payment**  
**Agencies - Complete only Program Director information**  
**(Attach additional pages as necessary)**  
**COMPLETE ONE PERSONNEL ROSTER FORM PER CLASS**

- 1. Organization Name** - Complete with the legal name of agency.
  - 2. Site Name** - List site name and complete separate sheet for each site.  
**Site Address** - List the physical address of the site.
  - 3. Name of CDE program type(s) available at this site** - List program types served at this site (e.g., GPRE, GCTR, GLTK, etc.) If more than one program type is represented at a single site, list all. List the number of classrooms at this site that contain subsidized children next to the program type.
  - 4. Program Director Name** - Name of the agency's Program Director.
  - 5. Program Director's Permit/Credential Number and Expiration Date** - Complete unless a waiver is on file or an application for a waiver is attached. If the Program Director lacks a permit, check box whether waiver is on file with CDD or if the waiver application is attached. If "On File" box is checked, list expiration date.
  - 6. Site Supervisor Name** - List name of individual site supervisor (required if there are multiple sites).  
Site Supervisor's Permit/Credential Number and Expiration Date (if applicable). If the Site Supervisor lacks a permit, check box whether waiver is on file with CDD or if the waiver application is attached. If "On File" box is checked, list expiration date.
- NOTE:** If the Site Supervisor is part of the ratio in the classroom and does not hold a Site Supervisor Permit, (e.g., has a waiver or county temporary permit) they **MUST** hold a Teacher, Associate Teacher or Master Teacher Permit. If Site Supervisor is also the classroom teacher, list them again under Staffing Summary.
- 7. Complete a separate sheet for each class** - Copy form as needed. (Hint: for multiple classrooms, fill out the top portion before copying.)

**Class Information** - List the room number or name (e.g., Bluebirds, Red Room, 1 2, 3, etc.) of the class, the number of children served in this class (indicate the **maximum number of children in this classroom at any one time**), age group served, and whether this is a 1/2 day program (indicate AM or PM) or a full-day program. If full day, indicate in Staffing Summary (Section 8) the opening and closing teachers with "O" or "C." If serving school-age, indicate whether the program operates in the AM, PM, or both. Do NOT check full day. When indicating the age group served in the classroom or area designation, use the following codes:

- I - Infant (Birth to 18 months)
- T - Toddler (18+ up to 36 months)
- P - Preschool (36+ up to K)
- S - School Age (K and above)

(Use a "/" to indicate mixed aged groups - a classroom serving infants and toddlers would be designated as I/T and if mixed age groups were indicated, use a "/" again to separate the number of children of one age group from the other age group - a classroom serving 3 infants and 4 toddlers would be designated as 3/4).

**8. Staffing Summary** - List the staff employed in this classroom by their legal name or the name used on their permit and their title (do not use agency job titles, use **only** the following titles):

- |                           |                     |                     |
|---------------------------|---------------------|---------------------|
| ◆ Program Director        | ◆ Master Teacher    | ◆ Latchkey Teacher  |
| ◆ Site Supervisor         | ◆ Teacher           | ◆ Teacher Assistant |
| ◆ Site Supervisor/Teacher | ◆ Associate Teacher | ◆ Aide              |

Check box with permit type, list the permit number and expiration date. If Temporary County Certificate is checked, include expiration date and a copy. For Latchkey **only** list the number of completed ECE units. Do this for **each** staff member for **this group** of children. If the permit type is one not listed (e.g., Children's Center Supervision Permit), check the equivalent and make a note of the name and permit/credential type in the comments box. If the person has multiple permits, only check the highest level held. **NOTE:** For full-day programs **only**, check box for opening/closing staff.

**9. Comments** - Any comments or clarification for the above.

**Total Number of Pages** - If site has more than one class, list class page 1 of 4 or however many classes there are at this site.

**SEE ATTACHED SAMPLE PERSONNEL ROSTER**

**COMPLETE STAFFING LEVEL SUMMARY SHEET (one for agency).**

Enter the name of the agency and the name of the Program Director, then check the box corresponding to the permit, credential, or waiver status of the Program Director. **Note:** This embedded Excel spreadsheet can be accessed by going to the web page. Download the form. Once downloaded, you must double click in a cell before data entry can be performed. Enter all staff for each site under the Site Name. The totals will automatically go into the "Agency Summary" box. List total number of staff beside the appropriate job title by site.

If the agency operates five or more sites, duplicate additional pages for handwritten or typed entry. Electronic form duplication will result in only computation of overall totals for sites listed on the page. Please furnish a separate overall agency summary also when the multiple site page submission is required. Enter staff that are currently employed under "current" and any positions that are being filled by a substitute or those you are advertising for under "need." **NOTE:** For GPRE contracts only, if parent participation is used to meet the required adult/child ratio, indicate third or additional adult. Adult/child ratios must be maintained at all times.

## PERSONNEL ROSTER

### AGENCY INFORMATION - (Complete and copy for multiple site data entry.)

<b>1. Organization Name</b> ABC Organization of Timbucktu County			
<b>2. Site Name</b> (Use separate sheet for each site/classroom.) Learning Tree Preschool		<b>3. Name of CDE program type(s)</b> available at this site. (# of classrooms) 1. GPRE (2)	
Site Address 1234 Happy Lane		2. GLTK (1)	
City, State, & Zip Code Timbucktu City, CA 00000-0000		3.	
<b>4. Program Director Name</b> IMA WONDERFUL		<b>6. Site Supervisor Name</b> URA BOSS	
<b>5.</b> <input type="checkbox"/> Permit <input checked="" type="checkbox"/> Credential Document Type: Administrative Number 123456899000	Expiration Date / Life /	<input checked="" type="checkbox"/> Permit <input type="checkbox"/> Credential Document Type: Teacher Permit Number 56789000000	Expiration Date 10 / 01 / 05
Waiver <input type="checkbox"/> On file <input type="checkbox"/> Attached	Expiration Date / /	Waiver <input checked="" type="checkbox"/> On file <input type="checkbox"/> Attached	Expiration Date 12 / 31 / 04

### 7. CLASSROOM INFORMATION

Room Number/Name Bluebirds	Number of children 24	Age Group P	Time Basis <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Full Day - <b>For Full Day Only</b> , indicate below: the opening staff (O) and closing staff (C)
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### 8. STAFFING SUMMARY

Staff name URA BOSS <input type="checkbox"/> Opening <input type="checkbox"/> Closing	Title Site Supervisor/ Teacher	Permit type <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Master Teacher <input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Assoc. Teacher	<input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Temp. County Certificate <input type="checkbox"/> Latchkey, Units _____ <input type="checkbox"/> Aide	Permit number 56789000000 Expiration date 10/01/05
Staff name SALLY ASSISTANT <input type="checkbox"/> Opening <input type="checkbox"/> Closing	Title Assistant Teacher	Permit type <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Master Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Assoc. Teacher	<input checked="" type="checkbox"/> Assistant Teacher <input type="checkbox"/> Temp. County Certificate <input type="checkbox"/> Latchkey, Units _____ <input type="checkbox"/> Aide	Permit number 3219765444 Expiration date 12/01/07
Staff name EDWARD AIDE <input type="checkbox"/> Opening <input type="checkbox"/> Closing	Title Aide	Permit type <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Master Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Assoc. Teacher	<input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Temp. County Certificate <input type="checkbox"/> Latchkey, Units _____ <input checked="" type="checkbox"/> Aide	Permit number N/A Expiration date
Staff name  <input type="checkbox"/> Opening <input type="checkbox"/> Closing	Title	Permit type <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Master Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Assoc. Teacher	<input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Temp. County Certificate <input type="checkbox"/> Latchkey, Units _____ <input type="checkbox"/> Aide	Permit number  Expiration date / /
Staff name  <input type="checkbox"/> Opening <input type="checkbox"/> Closing	Title	Permit type <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Master Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Assoc. Teacher	<input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Temp. County Certificate <input type="checkbox"/> Latchkey, Units _____ <input type="checkbox"/> Aide	Permit number  Expiration date / /
<b>9. Comments</b>				

## PERSONNEL ROSTER

### Agency Information - (Complete and copy for multiple site data entry.)

1. Organization Name			
2. Site Name (Use separate sheet for each site/classroom.)		3. Name of CDE program type(s) available at this site. (# of classrooms) 1.	
Site Address		2.	
City, State, & Zip Code		3.	
4. Program Director Name		6. Site Supervisor Name	
5. <input type="checkbox"/> Permit <input type="checkbox"/> Credential Document Type Number	Expiration Date / /	<input type="checkbox"/> Permit <input type="checkbox"/> Credential Document Type Number	Expiration Date / /
Waiver <input type="checkbox"/> On file <input type="checkbox"/> Attached	Expiration Date / /	Waiver <input type="checkbox"/> On file <input type="checkbox"/> Attached	Expiration Date / /

### 7. CLASSROOM INFORMATION

Room Number/Name	Number of children	Age Group	Time Basis <input type="checkbox"/> AM   <input type="checkbox"/> Full Day, for Full Day <b>Only</b> , indicate below: <input type="checkbox"/> PM   the opening staff (O) and closing staff (C)
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### 8. STAFFING SUMMARY

Staff name	Title	Permit type <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Temp. County Certificate <input type="checkbox"/> Teacher <input type="checkbox"/> Latchkey, Units _____ <input type="checkbox"/> Assoc. Teacher <input type="checkbox"/> Aide	Permit number
<input type="checkbox"/> Opening <input type="checkbox"/> Closing			Expiration date / /
Staff name	Title	Permit type <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Temp. County Certificate <input type="checkbox"/> Teacher <input type="checkbox"/> Latchkey, Units _____ <input type="checkbox"/> Assoc. Teacher <input type="checkbox"/> Aide	Permit number
<input type="checkbox"/> Opening <input type="checkbox"/> Closing			Expiration date / /
Staff name	Title	Permit type <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Temp. County Certificate <input type="checkbox"/> Teacher <input type="checkbox"/> Latchkey, Units _____ <input type="checkbox"/> Assoc. Teacher <input type="checkbox"/> Aide	Permit number
<input type="checkbox"/> Opening <input type="checkbox"/> Closing			Expiration date / /
Staff name	Title	Permit type <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Temp. County Certificate <input type="checkbox"/> Teacher <input type="checkbox"/> Latchkey, Units _____ <input type="checkbox"/> Assoc. Teacher <input type="checkbox"/> Aide	Permit number
<input type="checkbox"/> Opening <input type="checkbox"/> Closing			Expiration date / /
Staff name	Title	Permit type <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Temp. County Certificate <input type="checkbox"/> Teacher <input type="checkbox"/> Latchkey, Units _____ <input type="checkbox"/> Assoc. Teacher <input type="checkbox"/> Aide	Permit number
<input type="checkbox"/> Opening <input type="checkbox"/> Closing			Expiration date / /

### 9. Comments

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## Staffing Level Summary Sheet

Agency:		
Program Director:	Child Development Program Director Permit <input style="width: 20px; height: 20px;" type="checkbox"/>	Administrative Services Credential <input style="width: 20px; height: 20px;" type="checkbox"/> Waiver <input style="width: 20px; height: 20px;" type="checkbox"/>

Site Name:

Position type	Current	Need
Administrative Credential		
Site Supervisor		
Teacher/Site Supervisor		
Master Teacher		
Teacher		
Latchkey Teacher		
Associate Teacher		
Assistant (Six units in ECE)		
Aides		
Site totals		

Site Name:

Position type	Current	Need
Administrative Credential		
Site Supervisor		
Teacher/Site Supervisor		
Master Teacher		
Teacher		
Latchkey Teacher		
Associate Teacher		
Assistant (Six units in ECE)		
Aides		
Site totals		

Site Name:

Position type	Current	Need
Administrative Credential		
Site Supervisor		
Teacher/Site Supervisor		
Master Teacher		
Teacher		
Latchkey Teacher		
Associate Teacher		
Assistant (Six units in ECE)		
Aides		
Site totals		

Site Name:

Position type	Current	Need
Administrative Credential		
Site Supervisor		
Teacher/Site Supervisor		
Master Teacher		
Teacher		
Latchkey Teacher		
Associate Teacher		
Assistant (Six units in ECE)		
Aides		
Site totals		

Agency summary	Current	Need
Administrative Credential		
Site Supervisor		
Teacher/Site Supervisor		
Master Teacher		
Teacher		
Latchkey Teacher		
Associate Teacher		
Assistant		
Aides		
Overall totals		